

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0005751

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

88

Primary Registration District No.

5325

Registrar's No.

20

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATE

1. PLACE OF DEATH

a. COUNTY

Crawford

b. CITY (If outside corporate limits, give TOWNSHIP only)

Courtois Township

Length of stay in 1b

7 Years

c. FULL NAME OF (If NOT in hospital, give location)

Huzzah Route Steelville, Mo.

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Crawford

c. CITY

Courtois Township

OR TOWN

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Huzzah Route, Steelville, Mo.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

DEAN

GARDNER

HEADY

4. DATE OF DEATH

Month

Day

Year

February 25, 1964

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/12/1904

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Minister

10b. KIND OF BUSINESS OR INDUSTRY

Church

11. BIRTHPLACE (City and state or country)

Vichy, Missouri.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ulysses Heady

13b. MOTHER'S MAIDEN NAME

Martha Morelock

14. NAME OF HUSBAND OR WIFE

Mary Heady

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mary Heady, Huzzah Route, Steelville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Few Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral arteriosclerosis

Years

DUE TO (c)

General arteriosclerosis

Years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic heart disease, Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from January 4, 1963, to January 29, 1964, and last saw her alive on January 29, 1964.

Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles E. Michaelis, Jr.

22b. ADDRESS

135 S. Mine La Motte  
Fredericktown, Mo.

22c. DATE SIGNED

3-1-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/29/1964

23c. NAME OF CEMETERY OR CREMATORY

Brick Church Cemetery

23d. LOCATION (City, town, or county)

Walbert, Missouri.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Halbert Funeral Home, Steelville, Mo.

25. DATE RECD. BY LOCAL REG.

3-3-64

26. REGISTRAR'S SIGNATURE

Karen L. Beck

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

1961 6 MAR 9 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thomas S. Halbert*

Licensed Embalmer No. 4332

P. O. Address Steelville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.